834 Benefit Enrollment and Maintenance

ASCX12N 834 (004010X095A1)

NEBRASKA HEALTH AND HUMAN SERVICES SYSTEM

DEPARTMENT OF SERVICES • DEPARTMENT OF REGULATION AND LICENSURE • DEPARTMENT OF FINANCE AND SUPPORT

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Nebraska Medicaid Companion Guide
Version: 1.02

Preface:

This Companion Guide to the ASC X12N Implementation Guides adopted under HIPAA clarifies and specifies the data content being requested when data is transmitted electronically to Nebraska Medicaid (NE Medicaid). Transmissions based on this Companion Guide, used in tandem with the X12N Implementation Guides, are compliant with both X12 syntax and those guides.

This Companion Guide is intended to convey information that is within the framework of the ASC X12N Implementation Guides adopted for use under HIPAA. The Companion Guide is not intended to convey information that in any way exceeds the requirements or usage of data expressed in the Implementation Guides.

All enrollment information must be submitted in accordance with the regulations contained within the Nebraska Administration Code (NAC) Title 482, Nebraska Managed Care Program and Title 471, Nebraska Medical Assistance Program.

Introduction:

This Companion Guide contains the format and establishes the data contents of the Benefit Enrollment and Maintenance (834) transaction for use within the context of an Electronic Data Interchange (EDI) environment. This transaction can be used to transfer enrollment information from the sponsor of the insurance coverage, benefits, or policy to a payer.

Note: Only segments used by NE Medicaid are included in this Companion Guide.

Data usage requirements for Nebraska Medicaid will be identified throughout the Guide by shaded segment and element **Nebraska Medicaid Directives**.

Segment Directives provide usage rules for the entire segment and are displayed at the beginning of the segment following the Usage specification. These segment directives are used in the following circumstances:

1. Required Segments – No directive.
2. Situational segments required based on Implementation Guide Notes will be accompanied by the following directive – "Required by NE Medicaid when applicable as specified in the Implementation Guide".
3. Situational segments always required by NE Medicaid will be accompanied by the following directive – "Required by NE Medicaid".
4. Situational segments required by NE Medicaid for a specific reason not described in the Implementation Guide will be accompanied by the following directive – "Required by NE Medicaid when {specific instance}".

Element Directives are shown for a specific data element and are used in both required and situational segments for the following circumstances:

1. When a specific value is required by NE Medicaid, a Nebraska Medicaid Directive will be included indicating the value to use.
2. When a specific qualifier is used by NE Medicaid, a Nebraska Medicaid Directive indicating which qualifiers are used and when they are allowed will be included.
3. When a specific qualifier is not allowed by NE Medicaid, a Nebraska Medicaid Directive indicating not allowed will be included.

Transactions containing information not ASC X12N compliant will be rejected and will not enter into the adjudication system. An ASC X12N 997 will be used to convey the rejection and associated reason.

Data Submission Criteria
Nebraska Medicaid uses the following separators:

*	(asterisk) for element separator	ASCII 042
^	(carrot) for sub-element separator	ASCII 094
~	(tilde) for Segment terminator	ASCII 126
|	(vertical bar) for repeat character	ASCII 124

This Companion Guide can be found on the State of Nebraska Health and Human Services System Web site at
http://www.hhs.state.ne.us/med/medindex.htm

Instructions on Trading Partner Enrollment and Testing requirements are also found on this Web site or by contacting the Medicaid EDI Help Desk at 1-866-498-4357 or 471-9461 (Lincoln Area) or via e-mail at medicaid.edi@hhss.state.ne.us.

Revisions to Companion Guide:

For each version of this Companion Guide a summary of the information changed since the previous version will be located in this section. Actual changes will be incorporated into the new version of the Companion Guide which will be published as a complete document.

Changes in Version 1.02:

- Page 3 – Revision: Introduction – Data Submission Criteria has been changed to add a separator of "~ (tilde) for Segment terminator ASCII 126" and to remove "Carriage Return for Segment terminator ASCII 013."

834   Benefit Enrollment and Maintenance

Functional Group=BE

This companion guide includes a transaction summary followed by the detailed information for each loop and segment. Please pay special attention to shaded Segment Notes and Nebraska Medicaid Directives. The ISA/IEA and GS/GE loops are not contained in this Companion Guide. These are addressed by the Trading Partner Enrollment Process.

Transaction Summary:

If "NE Medicaid Usage" says:	Required	Required by Implementation Guide.
	Used	Used by NE Medicaid, see specific requirements in Implementation Guide or in NE Medicaid Directive.
	Not Used	Not used or retained.

Not Defined:

Pos	ID	Segment Name	Max Use	Repeat	NE Medicaid Usage
	ISA	Interchange Control Header	1		Required
	GS	Functional Group Header	1		Required

Heading:

Pos	ID	Segment Name	Max Use	Repeat	NE Medicaid Usage
010	ST	Transaction Set Header	1		Required
020	BGN	Beginning Segment	1		Required
030	REF	Transaction Set Policy Number	1		Not Used
040	DTP	File Effective Date	>1		Used
LOOP ID - 1000A				**1**	
070	N1	Sponsor Name	1		Required
LOOP ID - 1000B				**1**	
070	N1	Payer	1		Required
LOOP ID - 1000C				**2**	
070	N1	TPA/Broker Name	1		Not Used
LOOP ID - 1100C				**1**	
120	ACT	TPA/Broker Account Information	1		Not Used

Detail:

Pos	ID	Segment Name	Max Use	Repeat	NE Medicaid Usage
LOOP ID - 2000				**>1**	
010	INS	Member Level Detail	1		Required
020	REF	Subscriber Number	1		Required
020	REF	Member Policy Number	1		Used
020	REF	Member Identification Number	5		Not Used
020	REF	Prior Coverage Months	1		Not Used
025	DTP	Member Level Dates	20		Used
LOOP ID - 2100A				**1**	
030	NM1	Member Name	1		Required
040	PER	Member Communications Numbers	1		Used
050	N3	Member Residence Street Address	1		Used
060	N4	Member Residence City, State, ZIP Code	1		Used

080	DMG	Member Demographics	1	Used
110	ICM	Member Income	1	Not Used
120	AMT	Member Policy Amounts	4	Not Used
130	HLH	Member Health Information	1	Not Used
150	LUI	Member Language	5	Used
LOOP ID - 2100B			**1**	
030	NM1	Incorrect Member Name	1	Not Used
080	DMG	Incorrect Member Demographics	1	Not Used
LOOP ID - 2100C			**1**	
030	NM1	Member Mailing Address	1	Not Used
050	N3	Member Mail Street Address	1	Not Used
060	N4	Member Mail City, State, Zip	1	Not Used
LOOP ID - 2100D			**3**	
030	NM1	Member Employer	1	Not Used
040	PER	Member Employer Communications Numbers	1	Not Used
050	N3	Member Employer Street Address	1	Not Used
060	N4	Member Employer City, State, Zip	1	Not Used
LOOP ID - 2100E			**3**	
030	NM1	Member School	1	Not Used
040	PER	Member School Communications Numbers	1	Not Used
050	N3	Member School Street Address	1	Not Used
060	N4	Member School City, State, Zip	1	Not Used
LOOP ID - 2100F			**1**	
030	NM1	Custodial Parent	1	Not Used
040	PER	Custodial Parent Communications Numbers	1	Not Used
050	N3	Custodial Parent Street Address	1	Not Used
060	N4	Custodial Parent City, State, Zip	1	Not Used
LOOP ID - 2100G			**1**	
030	NM1	Responsible Person	1	Used
040	PER	Responsible Person Communications Numbers	1	Used
050	N3	Responsible Person Street Address	1	Used
060	N4	Responsible Person City, State, Zip	1	Used
LOOP ID - 2200			**1**	
200	DSB	Disability Information	1	Not Used
210	DTP	Disability Eligibility Dates	2	Not Used
LOOP ID - 2300			**99**	
260	HD	Health Coverage	1	Used
270	DTP	Health Coverage Dates	4	Required
280	AMT	Health Coverage Policy	4	Used
290	REF	Health Coverage Policy Number	2	Not Used
300	IDC	Identification Card	10	Not Used
LOOP ID - 2310			**30**	
310	LX	Provider Information	1	Used
320	NM1	Provider Name	1	Required
360	N4	Provider City, State, ZIP Code	1	Used
370	PER	Provider Communications Numbers	2	Used
395	PLA	PCP Change Reason	1	Used
LOOP ID - 2320			**5**	
400	COB	Coordination of Benefits	1	Used
405	REF	Additional Coordination of Benefits Identifiers	5	Used
410	N1	Other Insurance Company Name	1	Used

450	DTP	Coordination of Benefits Eligibility Dates	2		Used
690	SE	Transaction Set Trailer	1		Required

Not Defined:

Pos	ID	Segment Name	Max Use	Repeat	Usage
	GE	Functional Group Trailer	1		Required
	IEA	Interchange Control Trailer	1		Required

ISA Interchange Control Header

Loop: N/A

Elements: 16

User Option (Usage): Required

To start and identify an interchange of zero or more functional groups and interchange-related control segments

Element Summary:

Ref	ID	Element Name	Req	Type	Min/Max	Usage
ISA01	I01	**Authorization Information Qualifier**	M	ID	2/2	Required

Description: Code to identify the type of information in the Authorization Information

Code	Name
00	No Authorization Information Present (No Meaningful Information in I02)
03	Additional Data Identification

Ref	ID	Element Name	Req	Type	Min/Max	Usage
ISA02	I02	**Authorization Information**	M	AN	10/10	Required

Description: Information used for additional identification or authorization of the interchange sender or the data in the interchange; the type of information is set by the Authorization Information Qualifier (I01)

Ref	ID	Element Name	Req	Type	Min/Max	Usage
ISA03	I03	**Security Information Qualifier**	M	ID	2/2	Required

Description: Code to identify the type of information in the Security Information

Code	Name
00	No Security Information Present (No Meaningful Information in I04)
01	Password

Ref	ID	Element Name	Req	Type	Min/Max	Usage
ISA04	I04	**Security Information**	M	AN	10/10	Required

Description: This is used for identifying the security information about the interchange sender or the data in the interchange; the type of information is set by the Security Information Qualifier (I03)

Ref	ID	Element Name	Req	Type	Min/Max	Usage
ISA05	I05	**Interchange ID Qualifier**	M	ID	2/2	Required

Description: Qualifier to designate the system/method of code structure used to designate the sender or receiver ID element being qualified

Nebraska Medicaid Directive: *This ID qualifies the Sender in ISA06.*

Code	Name
01	Duns (Dun & Bradstreet)
14	Duns Plus Suffix
20	Health Industry Number (HIN)
27	Carrier Identification Number as assigned by Health Care Financing Administration (HCFA)
28	Fiscal Intermediary Identification Number as assigned by Health Care Financing Administration (HCFA)
29	Medicare Provider and Supplier Identification Number as assigned by Health Care Financing Administration (HCFA)
30	U.S. Federal Tax Identification Number
33	National Association of Insurance Commissioners Company Code (NAIC)
ZZ	Mutually Defined

Ref	ID	Element Name	Req	Type	Min/Max	Usage
ISA06	I06	**Interchange Sender ID**	M	AN	15/15	Required

Description: Identification code published by the sender for other parties to use as the receiver ID to route data to them; the sender always codes this value in the sender ID element

Ref	ID	Element Name	Req	Type	Min/Max	Usage
ISA07	I05	**Interchange ID Qualifier**	M	ID	2/2	Required

Description: Qualifier to designate the system/method of code structure used to designate the sender or receiver ID element being qualified

Nebraska Medicaid Directive: *This ID qualifies the*

Receiver in ISA08.

Code	Name
01	Duns (Dun & Bradstreet)
14	Duns Plus Suffix
20	Health Industry Number (HIN)
27	Carrier Identification Number as assigned by Health Care Financing Administration (HCFA)
28	Fiscal Intermediary Identification Number as assigned by Health Care Financing Administration (HCFA)
29	Medicare Provider and Supplier Identification Number as assigned by Health Care Financing Administration (HCFA)
30	U.S. Federal Tax Identification Number
33	National Association of Insurance Commissioners Company Code (NAIC)
ZZ	Mutually Defined

ISA08	I07	**Interchange Receiver ID**	M	AN	15/15	Required

Description: Identification code published by the receiver of the data; When sending, it is used by the sender as their sending ID, thus other parties sending to them will use this as a receiving ID to route data to them

ISA09	I08	**Interchange Date**	M	DT	6/6	Required

Description: Date of the interchange

Nebraska Medicaid Directive: *The date format is YYMMDD.*

ISA10	I09	**Interchange Time**	M	TM	4/4	Required

Description: Time of the interchange

Nebraska Medicaid Directive: *The time format is HHMM.*

ISA11	I10	**Interchange Control Standards Identifier**	M	ID	1/1	Required

Description: Code to identify the agency responsible for the control standard used by the message that is enclosed by the interchange header and trailer

All valid standard codes are used.

ISA12	I11	**Interchange Control Version Number**	M	ID	5/5	Required

Description: Code specifying the version number of the interchange control segments

Code	Name
00401	Draft Standards for Trial Use Approved for Publication by ASC X12 Procedures Review Board through October 1997

ISA13	I12	**Interchange Control Number**	M	N0	9/9	Required

Description: A control number assigned by the interchange sender

Nebraska Medicaid Directive: *The Interchange Control Number, ISA13, must be identical to the associated Interchange Trailer IEA02.*

ISA14	I13	**Acknowledgment Requested**	M	ID	1/1	Required

Description: Code sent by the sender to request an interchange acknowledgment (TA1)

Nebraska Medicaid Directive: *See Section A.1.5.1 for interchange acknowledgment information.*
All valid standard codes are used.

ISA15	I14	**Usage Indicator**	M	ID	1/1	Required

Description: Code to indicate whether data enclosed by this interchange envelope is test, production or information

Code	Name
P	Production Data
T	Test Data

ISA16	I15	**Component Element Separator**	M		1/1	Required

Description: Type is not applicable; the component element separator is a delimiter and not a data element; this field provides the delimiter used to separate component data elements within a composite data structure; this value must be different than the data element separator and the segment terminator

GS   Functional Group Header

Loop: N/A

Elements: 8

User Option (Usage): Required

To indicate the beginning of a functional group and to provide control information

Element Summary:

Ref	ID	Element Name	Req	Type	Min/Max	Usage
GS01	479	**Functional Identifier Code**	M	ID	2/2	Required

Description: Code identifying a group of application related transaction sets

Code	Name
BE	Benefit Enrollment and Maintenance (834)
FA	Functional Acknowledgment (997)
HB	Eligibility, Coverage or Benefit Information (271)
HC	Health Care Claim (837)
HI	Health Care Services Review Information (278)
HN	Health Care Claim Status Notification (277)
HP	Health Care Claim Payment/Advice (835)
HR	Health Care Claim Status Request (276)
HS	Eligibility, Coverage or Benefit Inquiry (270)
RA	Payment Order/Remittance Advice (820)

Ref	ID	Element Name	Req	Type	Min/Max	Usage
GS02	142	**Application Sender's Code**	M	AN	2/15	Required

Description: Code identifying party sending transmission; codes agreed to by trading partners

Nebraska Medicaid Directive: *Use this code to identify the unit sending the information.*

Ref	ID	Element Name	Req	Type	Min/Max	Usage
GS03	124	**Application Receiver's Code**	M	AN	2/15	Required

Description: Code identifying party receiving transmission; codes agreed to by trading partners

Nebraska Medicaid Directive: *Use this code to identify the unit receiving the information.*

Ref	ID	Element Name	Req	Type	Min/Max	Usage
GS04	373	**Date**	M	DT	8/8	Required

Description: Date expressed as CCYYMMDD

Nebraska Medicaid Directive: *Use this date for the functional group creation date.*

Ref	ID	Element Name	Req	Type	Min/Max	Usage
GS05	337	**Time**	M	TM	4/8	Required

Description: Time expressed in 24-hour clock time as follows: HHMM, or HHMMSS, or HHMMSSD, or HHMMSSDD, where H = hours (00-23), M = minutes (00-59), S = integer seconds (00-59) and DD = decimal seconds; decimal seconds are expressed as follows: D = tenths (0-9) and DD = hundredths (00-99)

Nebraska Medicaid Directive: *Use this time for the creation time. The recommended format is HHMM.*

Ref	ID	Element Name	Req	Type	Min/Max	Usage
GS06	28	**Group Control Number**	M	N0	1/9	Required

Description: Assigned number originated and maintained by the sender

Ref	ID	Element Name	Req	Type	Min/Max	Usage
GS07	455	**Responsible Agency Code**	M	ID	1/2	Required

Description: Code identifying the issuer of the standard; this code is used in conjunction with Data Element 480

Code	Name
X	Accredited Standards Committee X12

Ref	ID	Element Name	Req	Type	Min/Max	Usage
GS08	480	**Version / Release / Industry Identifier Code**	M	AN	1/12	Required

Description: Code indicating the version, release, subrelease, and industry identifier of the EDI standard being used, including the GS and GE

segments; if code in DE455 in GS segment is X,
then in DE 480 positions 1-3 are the version number;
positions 4-6 are the release and subrelease, level of
the version; and positions 7-12 are the industry or
trade association identifiers (optionally assigned by
user); if code in DE455 in GS segment is T, then
other formats are allowed

Code	Name
004010	Draft Standards Approved for Publication by ASC X12 Procedures Review Board through October 1997
004010X061A1	Draft Standards Approved for Publication by ASC X12 Procedures Review Board through October 1997, as published in this implementation guide.
004010X091A1	Draft Standards Approved for Publication by ASC X12 Procedures Review Board through October 1997, as published in this implementation guide.
004010X092A1	Draft Standards Approved for Publication by ASC X12 Procedures Review Board through October 1997, as published in this implementation guide.
004010X093A1	Draft Standards Approved for Publication by ASC X12 Procedures Review Board through October 1997, as published in this implementation guide.
004010X094A1	Draft Standards Approved for Publication by ASC X12 Procedures Review Board through October 1997, as published in this implementation guide.
004010X095A1	Draft Standards Approved for Publication by ASC X12 Procedures Review Board through October 1997, as published in this implementation guide.
004010X096A1	Draft Standards Approved for Publication by ASC X12 Procedures Review Board through October 1997, as published in this implementation guide.
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004010X098A1	Draft Standards Approved for Publication by ASC X12 Procedures Review Board through October 1997, as published in this implementation guide.

ST Transaction Set Header

Loop: N/A

Elements: 2

User Option (Usage): Required

To indicate the start of a transaction set and to assign a control number

Element Summary:

Ref	ID	Element Name	Req	Type	Min/Max	Usage
ST01	143	**Transaction Set Identifier Code**	M	ID	3/3	Required
		Description: Code uniquely identifying a Transaction Set				

Code	Name
834	Benefit Enrollment and Maintenance

Ref	ID	Element Name	Req	Type	Min/Max	Usage
ST02	329	**Transaction Set Control Number**	M	AN	4/9	Required
		Description: Identifying control number that must be unique within the transaction set functional group assigned by the originator for a transaction set				

BGN   Beginning Segment

Loop: N/A

Elements: 7

User Option (Usage): Required

To indicate the beginning of a transaction set

Element Summary:

Ref	ID	Element Name	Req	Type	Min/Max	Usage
BGN01	353	**Transaction Set Purpose Code**	M	ID	2/2	Required

Description: Code identifying purpose of transaction set

Code	Name
00	Original
15	Re-Submission
22	Information Copy

Ref	ID	Element Name	Req	Type	Min/Max	Usage
BGN02	127	**Reference Identification**	M	AN	1/30	Required

Description: Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier
Industry: *Transaction Set Identifier Code*

Ref	ID	Element Name	Req	Type	Min/Max	Usage
BGN03	373	**Date**	M	DT	8/8	Required

Description: Date expressed as CCYYMMDD
Industry: *Transaction Set Creation Date*

Ref	ID	Element Name	Req	Type	Min/Max	Usage
BGN04	337	**Time**	C	TM	4/8	Required

Description: Time expressed in 24-hour clock time as follows: HHMM, or HHMMSS, or HHMMSSD, or HHMMSSDD, where H = hours (00-23), M = minutes (00-59), S = integer seconds (00-59) and DD = decimal seconds; decimal seconds are expressed as follows: D = tenths (0-9) and DD = hundredths (00-99)
Industry: *Transaction Set Creation Time*

Ref	ID	Element Name	Req	Type	Min/Max	Usage
BGN05	623	**Time Code**	O	ID	2/2	Situational

Description: Code identifying the time. In accordance with International Standards Organization standard 8601, time can be specified by a + or - and an indication in hours in relation to Universal Time Coordinate (UTC) time; since + is a restricted character, + and - are substituted by P and M in the codes that follow
Industry: *Time Zone Code*
All valid standard codes are used.

Ref	ID	Element Name	Req	Type	Min/Max	Usage
BGN06	127	**Reference Identification**	O	AN	1/30	Situational

Description: Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier
Industry: *Transaction Set Identifier Code*

Ref	ID	Element Name	Req	Type	Min/Max	Usage
BGN08	306	**Action Code**	O	ID	1/2	Required

Description: Code indicating type of action
Nebraska Medicaid Directive: *NE Medicaid uses code "2".*

Code	Name
2	Change (Update)

DTP   **File Effective Date**

Loop: N/A

Elements: 3

User Option (Usage): Situational

To specify any or all of a date, a time, or a time period

Nebraska Medicaid Directive:
Required by NE Medicaid when applicable as specified in the Implementation Guide.

Element Summary:

Ref	ID	Element Name	Req	Type	Min/Max	Usage
DTP01	374	**Date/Time Qualifier**	M	ID	3/3	Required

Description: Code specifying type of date or time, or both date and time
Industry: *Date Time Qualifier*
Nebraska Medicaid Directive: *NE Medicaid will use code "382".*

Code	Name
382	Enrollment

Ref	ID	Element Name	Req	Type	Min/Max	Usage
DTP02	1250	**Date Time Period Format Qualifier**	M	ID	2/3	Required

Description: Code indicating the date format, time format, or date and time format

Code	Name
D8	Date Expressed in Format CCYYMMDD

Ref	ID	Element Name	Req	Type	Min/Max	Usage
DTP03	1251	**Date Time Period**	M	AN	1/35	Required

Description: Expression of a date, a time, or range of dates, times or dates and times

N1   **Sponsor Name**

Loop: 1000A

Elements: 4

User Option (Usage): Required

To identify a party by type of organization, name, and code

Element Summary:

Ref	ID	Element Name	Req	Type	Min/Max	Usage
N101	98	**Entity Identifier Code**	M	ID	2/3	Required
		Description: Code identifying an organizational entity, a physical location, property or an individual				

Code	Name
P5	Plan Sponsor

Ref	ID	Element Name	Req	Type	Min/Max	Usage
N102	93	**Name**	C	AN	1/60	Situational
		Description: Free-form name				
		Industry: *Plan Sponsor Name*				
		Nebraska Medicaid Directive: *This will be "NE Medicaid".*				
N103	66	**Identification Code Qualifier**	C	ID	1/2	Required
		Description: Code designating the system/method of code structure used for Identification Code (67)				

Code	Name
FI	Federal Taxpayer's Identification Number

Ref	ID	Element Name	Req	Type	Min/Max	Usage
N104	67	**Identification Code**	C	AN	2/80	Required
		Description: Code identifying a party or other code				
		Industry: *Sponsor Identifier*				

N1   Payer

Loop: 1000B

Elements: 4

User Option (Usage): Required

To identify a party by type of organization, name, and code

Element Summary:

Ref	ID	Element Name	Req	Type	Min/Max	Usage
N101	98	**Entity Identifier Code**	M	ID	2/3	Required

Description: Code identifying an organizational entity, a physical location, property or an individual

Code	Name
IN	Insurer

Ref	ID	Element Name	Req	Type	Min/Max	Usage
N102	93	**Name**	C	AN	1/60	Situational

Description: Free-form name

Industry: *Insurer Name*

Ref	ID	Element Name	Req	Type	Min/Max	Usage
N103	66	**Identification Code Qualifier**	C	ID	1/2	Required

Description: Code designating the system/method of code structure used for Identification Code (67)

Nebraska Medicaid Directive: *NE Medicaid will send code "FI" only.*

Code	Name
FI	Federal Taxpayer's Identification Number

Ref	ID	Element Name	Req	Type	Min/Max	Usage
N104	67	**Identification Code**	C	AN	2/80	Required

Description: Code identifying a party or other code

Industry: *Insurer Identification Code*

INS   Member Level Detail

Loop: 2000

Elements: 13

User Option (Usage): Required

To provide benefit information on insured entities

Element Summary:

Ref	ID	Element Name	Req	Type	Min/Max	Usage
INS01	1073	**Yes/No Condition or Response Code**	M	ID	1/1	Required

Description: Code indicating a Yes or No condition or response

Industry: *Insured Indicator*

Code	Name
N	No
Y	Yes

Ref	ID	Element Name	Req	Type	Min/Max	Usage
INS02	1069	**Individual Relationship Code**	M	ID	2/2	Required

Description: Code indicating the relationship between two individuals or entities

Nebraska Medicaid Directive: *NE Medicaid will always send code "18".*

Code	Name
18	Self

Ref	ID	Element Name	Req	Type	Min/Max	Usage
INS03	875	**Maintenance Type Code**	O	ID	3/3	Required

Description: Code identifying the specific type of item maintenance

Nebraska Medicaid Directive: *NE Medicaid will send code "001" for current enrollment and plan transfers, "021" for new enrollments, and "024" for terminated enrollments.*

Code	Name
001	Change
021	Addition
024	Cancellation or Termination

Ref	ID	Element Name	Req	Type	Min/Max	Usage
INS04	1203	**Maintenance Reason Code**	O	ID	2/3	Situational

Description: Code identifying the reason for the maintenance change

Nebraska Medicaid Directive: *NE Medicaid will only send code "07", "20", "22", or "28".*

Code	Name
07	Termination of Benefits
20	Active
22	Plan Change
28	Initial Enrollment

Ref	ID	Element Name	Req	Type	Min/Max	Usage
INS05	1216	**Benefit Status Code**	O	ID	1/1	Required

Description: The type of coverage under which benefits are paid

Nebraska Medicaid Directive: *NE Medicaid will always send code "A".*

Code	Name
A	Active

Ref	ID	Element Name	Req	Type	Min/Max	Usage
INS06	1218	**Medicare Plan Code**	O	ID	1/1	Situational

Description: Code identifying the Medicare Plan

Nebraska Medicaid Directive: *NE Medicaid will always send code "E".*

Code	Name
E	No Medicare

Ref	ID	Element Name	Req	Type	Min/Max	Usage
INS07	1219	**Consolidated Omnibus Budget Reconciliation Act (COBRA) Qualifying Event Code**	O	ID	1/2	Not used

Description: A Qualifying Event is any of the

		following which results in loss of coverage for a Qualified Beneficiary				
		Industry: *Consolidated Omnibus Budget Reconciliation Act (COBRA) Qualifying Event Code*				
INS08	584	**Employment Status Code** **Description:** Code showing the general employment status of an employee/claimant	O	ID	2/2	Situational
		Nebraska Medicaid Directive: *NE Medicaid will send code "FT" or "TE".*				
		Code **Name** FT Full-time TE Terminated				
INS09	1220	**Student Status Code** **Description:** Code indicating the student status of the patient if 19 years of age or older, not handicapped and not the insured **All valid standard codes are used.**	O	ID	1/1	Not used
INS10	1073	**Yes/No Condition or Response Code** **Description:** Code indicating a Yes or No condition or response	O	ID	1/1	Not used
		Industry: *Handicap Indicator*				
INS11	1250	**Date Time Period Format Qualifier** **Description:** Code indicating the date format, time format, or date and time format	C	ID	2/3	Not used
INS12	1251	**Date Time Period** **Description:** Expression of a date, a time, or range of dates, times or dates and times	C	AN	1/35	Not used
		Industry: *Insured Individual Death Date*				
INS17	1470	**Number** **Description:** A generic number **Industry:** *Birth Sequence Number*	O	N0	1/9	Not used

REF   Subscriber Number

Loop: 2000

Elements: 2

User Option (Usage): Required

To specify identifying information

Element Summary:

Ref	ID	Element Name	Req	Type	Min/Max	Usage
REF01	128	**Reference Identification Qualifier**	M	ID	2/3	Required

Description: Code qualifying the Reference Identification

Code	Name
0F	Subscriber Number

Ref	ID	Element Name	Req	Type	Min/Max	Usage
REF02	127	**Reference Identification**	C	AN	1/30	Required

Description: Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier

Industry: *Subscriber Identifier*

Nebraska Medicaid Directive: *NE Medicaid will send the 11-digit Medicaid ID Number of the client.*

REF   Member Policy Number

Loop: 2000

Elements: 2

User Option (Usage): Situational

To specify identifying information

Nebraska Medicaid Directive:
Required by NE Medicaid when applicable as specified in the Implementation Guide.

Element Summary:

Ref	ID	Element Name	Req	Type	Min/Max	Usage
REF01	128	**Reference Identification Qualifier**	M	ID	2/3	Required
		Description: Code qualifying the Reference Identification				

Code **Name**
1L   Group or Policy Number

Ref	ID	Element Name	Req	Type	Min/Max	Usage
REF02	127	**Reference Identification**	C	AN	1/30	Required
		Description: Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier				

Industry: *Insured Group or Policy Number*
Nebraska Medicaid Directive: *NE Medicaid will send the 11-digit Medicaid ID Number of the client.*

DTP   Member Level Dates

Loop: 2000	
	Elements: 3

User Option (Usage): Situational

To specify any or all of a date, a time, or a time period

Nebraska Medicaid Directive:
Required by NE Medicaid when applicable as specified in the Implementation Guide.

Element Summary:

Ref	ID	Element Name	Req	Type	Min/Max	Usage
DTP01	374	**Date/Time Qualifier**	M	ID	3/3	Required

Description: Code specifying type of date or time, or both date and time
Industry: *Date Time Qualifier*
Nebraska Medicaid Directive: *NE Medicaid will use code "473" and "474".*

Code	Name
473	Medicaid Begin
474	Medicaid End

Ref	ID	Element Name	Req	Type	Min/Max	Usage
DTP02	1250	**Date Time Period Format Qualifier**	M	ID	2/3	Required

Description: Code indicating the date format, time format, or date and time format

Code	Name
D8	Date Expressed in Format CCYYMMDD

Ref	ID	Element Name	Req	Type	Min/Max	Usage
DTP03	1251	**Date Time Period**	M	AN	1/35	Required

Description: Expression of a date, a time, or range of dates, times or dates and times
Industry: *Status Information Effective Date*

NM1   Member Name

Loop: 2100A

Elements: 9

User Option (Usage): Required

To supply the full name of an individual or organizational entity

Element Summary:

Ref	ID	Element Name	Req	Type	Min/Max	Usage
NM101	98	**Entity Identifier Code**	M	ID	2/3	Required
		Description: Code identifying an organizational entity, a physical location, property or an individual				
		Nebraska Medicaid Directive: *NE Medicaid will send code "IL".*				

Code	Name
IL	Insured or Subscriber

Ref	ID	Element Name	Req	Type	Min/Max	Usage
NM102	1065	**Entity Type Qualifier**	M	ID	1/1	Required
		Description: Code qualifying the type of entity				

Code	Name
1	Person

Ref	ID	Element Name	Req	Type	Min/Max	Usage
NM103	1035	**Name Last or Organization Name**	O	AN	1/35	Required
		Description: Individual last name or organizational name				
		Industry: *Subscriber Last Name*				
NM104	1036	**Name First**	O	AN	1/25	Required
		Description: Individual first name				
		Industry: *Subscriber First Name*				
NM105	1037	**Name Middle**	O	AN	1/25	Situational
		Description: Individual middle name or initial				
		Industry: *Subscriber Middle Name*				
NM106	1038	**Name Prefix**	O	AN	1/10	Situational
		Description: Prefix to individual name				
		Industry: *Subscriber Name Prefix*				
NM107	1039	**Name Suffix**	O	AN	1/10	Situational
		Description: Suffix to individual name				
		Industry: *Subscriber Name Suffix*				
NM108	66	**Identification Code Qualifier**	C	ID	1/2	Situational
		Description: Code designating the system/method of code structure used for Identification Code (67)				
		Nebraska Medicaid Directive: *NE Medicaid will send code "34".*				

Code	Name
34	Social Security Number

Ref	ID	Element Name	Req	Type	Min/Max	Usage
NM109	67	**Identification Code**	C	AN	2/80	Situational
		Description: Code identifying a party or other code				
		Industry: *Subscriber Identifier*				

PER Member Communications Numbers

Loop: 2100A

Elements: 7

User Option (Usage): Situational

To identify a person or office to whom administrative communications should be directed

Nebraska Medicaid Directive:
Required by NE Medicaid when applicable as specified in the Implementation Guide.

Element Summary:

Ref	ID	Element Name	Req	Type	Min/Max	Usage
PER01	366	**Contact Function Code**	M	ID	2/2	Required
		Description: Code identifying the major duty or responsibility of the person or group named				

Code **Name**
IP   Insured Party

Ref	ID	Element Name	Req	Type	Min/Max	Usage
PER03	365	**Communication Number Qualifier**	C	ID	2/2	Required
		Description: Code identifying the type of communication number				

Nebraska Medicaid Directive: *NE Medicaid will use code "TE".*

Code **Name**
TE   Telephone

Ref	ID	Element Name	Req	Type	Min/Max	Usage
PER04	364	**Communication Number**	C	AN	1/80	Required
		Description: Complete communications number including country or area code when applicable				
PER05	365	**Communication Number Qualifier**	C	ID	2/2	Not used
		Description: Code identifying the type of communication number				
PER06	364	**Communication Number**	C	AN	1/80	Not used
		Description: Complete communications number including country or area code when applicable				
PER07	365	**Communication Number Qualifier**	C	ID	2/2	Not used
		Description: Code identifying the type of communication number				
PER08	364	**Communication Number**	C	AN	1/80	Not used
		Description: Complete communications number including country or area code when applicable				

N3 Member Residence Street Address

Loop: 2100A

Elements: 2

User Option (Usage): Situational

To specify the location of the named party

Nebraska Medicaid Directive:
Required by NE Medicaid when applicable as specified in the Implementation Guide.

Element Summary:

Ref	ID	Element Name	Req	Type	Min/Max	Usage
N301	166	**Address Information**	M	AN	1/55	Required
		Description: Address information				
		Industry: *Subscriber Address Line*				
N302	166	**Address Information**	O	AN	1/55	Situational
		Description: Address information				
		Industry: *Subscriber Address Line*				

N4   Member Residence City, State, ZIP Code

Loop: 2100A

Elements: 6

User Option (Usage): Situational

To specify the geographic place of the named party

Nebraska Medicaid Directive:
Required by NE Medicaid when applicable as specified in the Implementation Guide.

Element Summary:

Ref	ID	Element Name	Req	Type	Min/Max	Usage
N401	19	**City Name**	O	AN	2/30	Required
		Description: Free-form text for city name				
		Industry: *Subscriber City Name*				
N402	156	**State or Province Code**	O	ID	2/2	Required
		Description: Code (Standard State/Province) as defined by appropriate government agency				
		Industry: *Subscriber State Code*				
		ExternalCodeList				
		Name: 22				
		Description: States and Outlying Areas of the U.S.				
N403	116	**Postal Code**	O	ID	3/15	Required
		Description: Code defining international postal zone code excluding punctuation and blanks (zip code for United States)				
		Industry: *Subscriber Postal Zone or ZIP Code*				
		ExternalCodeList				
		Name: 51				
		Description: ZIP Code				
N404	26	**Country Code**	O	ID	2/3	Not used
		Description: Code identifying the country				
		ExternalCodeList				
		Name: 5				
		Description: Countries, Currencies and Funds				
N405	309	**Location Qualifier**	C	ID	1/2	Not used
		Description: Code identifying type of location				
N406	310	**Location Identifier**	O	AN	1/30	Not used
		Description: Code which identifies a specific location				
		Industry: *Location Identification Code*				

DMG Member Demographics

Loop: 2100A

Elements: 6

User Option (Usage): Situational

To supply demographic information

Element Summary:

Ref	ID	Element Name	Req	Type	Min/Max	Usage
DMG01	1250	**Date Time Period Format Qualifier**	C	ID	2/3	Required
		Description: Code indicating the date format, time format, or date and time format				

Code	Name
D8	Date Expressed in Format CCYYMMDD

Ref	ID	Element Name	Req	Type	Min/Max	Usage
DMG02	1251	**Date Time Period**	C	AN	1/35	Required
		Description: Expression of a date, a time, or range of dates, times or dates and times				
		Industry: *Member Birth Date*				
DMG03	1068	**Gender Code**	O	ID	1/1	Required
		Description: Code indicating the sex of the individual				

Code	Name
F	Female
M	Male
U	Unknown

Ref	ID	Element Name	Req	Type	Min/Max	Usage
DMG04	1067	**Marital Status Code**	O	ID	1/1	Situational
		Description: Code defining the marital status of a person				
		Nebraska Medicaid Directive: *NE Medicaid will use code "D", "I", "M", "U", "W", and "X".*				

Code	Name
D	Divorced
I	Single
M	Married
U	Unmarried (Single or Divorced or Widowed)
W	Widowed
X	Legally Separated

Ref	ID	Element Name	Req	Type	Min/Max	Usage
DMG05	1109	**Race or Ethnicity Code**	O	ID	1/1	Situational
		Description: Code indicating the racial or ethnic background of a person; it is normally self-reported; Under certain circumstances this information is collected for United States Government statistical purposes				
		All valid standard codes are used.				
DMG06	1066	**Citizenship Status Code**	O	ID	1/2	Not used
		Description: Code indicating citizenship status				

LUI   Member Language

Loop: 2100A

Elements: 4

User Option (Usage): Situational

To specify language, type of usage, and proficiency or fluency

Nebraska Medicaid Directive:
Required by NE Medicaid when applicable as specified in the Implementation Guide.

Element Summary:

Ref	ID	Element Name	Req	Type	Min/Max	Usage
LUI01	66	**Identification Code Qualifier**	C	ID	1/2	Situational

Description: Code designating the system/method of code structure used for Identification Code (67)

Nebraska Medicaid Directive: *NE Medicaid will use code "LD".*

Code	Name
LD	NISO Z39.53 Language Codes

Ref	ID	Element Name	Req	Type	Min/Max	Usage
LUI02	67	**Identification Code**	C	AN	2/80	Situational

Description: Code identifying a party or other code

Industry: *Language Code*

ExternalCodeList
Name: 102
Description: Languages
ExternalCodeList
Name: 457
Description: NISO Z39.53 Language Code List

Ref	ID	Element Name	Req	Type	Min/Max	Usage
LUI03	352	**Description**	C	AN	1/80	Situational

Description: A free-form description to clarify the related data elements and their content

Industry: *Language Description*

Ref	ID	Element Name	Req	Type	Min/Max	Usage
LUI04	1303	**Use of Language Indicator**	O	ID	1/2	Situational

Description: Code indicating the use of a language

Industry: *Language Use Indicator*

Nebraska Medicaid Directive: *NE Medicaid will use codes "5" and "7".*

Code	Name
5	Language Reading
7	Language Speaking

NM1   Responsible Person

Loop: 2100G

Elements: 9

User Option (Usage): Situational

To supply the full name of an individual or organizational entity

Element Summary:

Ref	ID	Element Name	Req	Type	Min/Max	Usage
NM101	98	**Entity Identifier Code**	M	ID	2/3	Required
		Description: Code identifying an organizational entity, a physical location, property or an individual				
		Nebraska Medicaid Directive: *NE Medicaid will use code "QD" to report the head of household. This loop will not be sent if the member is the head of household.*				
		Code **Name**				
		QD Responsible Party				
NM102	1065	**Entity Type Qualifier**	M	ID	1/1	Required
		Description: Code qualifying the type of entity				
		Code **Name**				
		1 Person				
NM103	1035	**Name Last or Organization Name**	O	AN	1/35	Required
		Description: Individual last name or organizational name				
		Industry: *Responsible Party Last or Organization Name*				
NM104	1036	**Name First**	O	AN	1/25	Required
		Description: Individual first name				
		Industry: *Responsible Party First Name*				
NM105	1037	**Name Middle**	O	AN	1/25	Situational
		Description: Individual middle name or initial				
		Industry: *Responsible Party Middle Name*				
NM106	1038	**Name Prefix**	O	AN	1/10	Situational
		Description: Prefix to individual name				
		Industry: *Responsible Party Name Prefix*				
NM107	1039	**Name Suffix**	O	AN	1/10	Not used
		Description: Suffix to individual name				
		Industry: *Responsible Party Suffix Name*				
NM108	66	**Identification Code Qualifier**	C	ID	1/2	Not used
		Description: Code designating the system/method of code structure used for Identification Code (67)				
NM109	67	**Identification Code**	C	AN	2/80	Not used
		Description: Code identifying a party or other code				
		Industry: *Responsible Party Identifier*				

PER | Responsible Person Communications Numbers

Loop: 2100G

Elements: 7

User Option (Usage): Situational

To identify a person or office to whom administrative communications should be directed

Nebraska Medicaid Directive:
Required by NE Medicaid when applicable as specified in the Implementation Guide.

Element Summary:

Ref	ID	Element Name	Req	Type	Min/Max	Usage
PER01	366	**Contact Function Code**	M	ID	2/2	Required
		Description: Code identifying the major duty or responsibility of the person or group named				

Code	Name
RP	Responsible Person

Ref	ID	Element Name	Req	Type	Min/Max	Usage
PER03	365	**Communication Number Qualifier**	C	ID	2/2	Required
		Description: Code identifying the type of communication number				

Nebraska Medicaid Directive: *NE Medicaid will use "TE".*

Code	Name
TE	Telephone

Ref	ID	Element Name	Req	Type	Min/Max	Usage
PER04	364	**Communication Number**	C	AN	1/80	Required
		Description: Complete communications number including country or area code when applicable				
PER05	365	**Communication Number Qualifier**	C	ID	2/2	Not used
		Description: Code identifying the type of communication number				
PER06	364	**Communication Number**	C	AN	1/80	Not used
		Description: Complete communications number including country or area code when applicable				
PER07	365	**Communication Number Qualifier**	C	ID	2/2	Not used
		Description: Code identifying the type of communication number				
PER08	364	**Communication Number**	C	AN	1/80	Not used
		Description: Complete communications number including country or area code when applicable				

N3 Responsible Person Street Address

Loop: 2100G

Elements: 2

User Option (Usage): Situational

To specify the location of the named party

Nebraska Medicaid Directive:
Required by NE Medicaid when applicable as specified in the Implementation Guide.

Element Summary:

Ref	ID	Element Name	Req	Type	Min/Max	Usage
N301	166	**Address Information**	M	AN	1/55	Required
		Description: Address information				
		Industry: *Responsible Party Address Line*				
N302	166	**Address Information**	O	AN	1/55	Situational
		Description: Address information				
		Industry: *Responsible Party Address Line*				

N4 Responsible Person City, State, Zip

Loop: 2100G	**Elements: 4**

User Option (Usage): Situational

To specify the geographic place of the named party

Nebraska Medicaid Directive:
Required by NE Medicaid when applicable as specified in the Implementation Guide.

Element Summary:

Ref	ID	Element Name	Req	Type	Min/Max	Usage
N401	19	**City Name**	O	AN	2/30	Required
		Description: Free-form text for city name				
		Industry: *Responsible Party City Name*				
N402	156	**State or Province Code**	O	ID	2/2	Required
		Description: Code (Standard State/Province) as defined by appropriate government agency				
		Industry: *Responsible Party State Code*				
		ExternalCodeList				
		Name: 22				
		Description: States and Outlying Areas of the U.S.				
N403	116	**Postal Code**	O	ID	3/15	Required
		Description: Code defining international postal zone code excluding punctuation and blanks (zip code for United States)				
		Industry: *Responsible Party Postal Zone or ZIP Code*				
		ExternalCodeList				
		Name: 51				
		Description: ZIP Code				
N404	26	**Country Code**	O	ID	2/3	Not used
		Description: Code identifying the country				
		ExternalCodeList				
		Name: 5				
		Description: Countries, Currencies and Funds				

HD   Health Coverage

Loop: 2300

Elements: 4

User Option (Usage): Situational

To provide information on health coverage

Nebraska Medicaid Directive:
Required by NE Medicaid when applicable as specified in the Implementation Guide.

Element Summary:

Ref	ID	Element Name	Req	Type	Min/Max	Usage
HD01	875	**Maintenance Type Code**	M	ID	3/3	Required

Description: Code identifying the specific type of item maintenance

Nebraska Medicaid Directive: *NE Medicaid will use code "001", "021", and "024".*

Code	Name
001	Change
021	Addition
024	Cancellation or Termination

Ref	ID	Element Name	Req	Type	Min/Max	Usage
HD03	1205	**Insurance Line Code**	O	ID	2/3	Required

Description: Code identifying a group of insurance products

Nebraska Medicaid Directive: *NE Medicaid will use code "HLT".*

Code	Name
HLT	Health

Ref	ID	Element Name	Req	Type	Min/Max	Usage
HD04	1204	**Plan Coverage Description**	O	AN	1/50	Situational

Description: A description or number that identifies the plan or coverage

Ref	ID	Element Name	Req	Type	Min/Max	Usage
HD05	1207	**Coverage Level Code**	O	ID	3/3	Situational

Description: Code indicating the level of coverage being provided for this insured

Nebraska Medicaid Directive: *NE Medicaid will use code "IND".*

Code	Name
IND	Individual

DTP   Health Coverage Dates

Loop: 2300

Elements: 3

User Option (Usage): Required

To specify any or all of a date, a time, or a time period

Element Summary:

Ref	ID	Element Name	Req	Type	Min/Max	Usage
DTP01	374	**Date/Time Qualifier**	M	ID	3/3	Required

Description: Code specifying type of date or time, or both date and time

Industry: *Date Time Qualifier*

Nebraska Medicaid Directive: *NE Medicaid will use code "348" and "349".*

Code	Name
348	Benefit Begin
349	Benefit End

Ref	ID	Element Name	Req	Type	Min/Max	Usage
DTP02	1250	**Date Time Period Format Qualifier**	M	ID	2/3	Required

Description: Code indicating the date format, time format, or date and time format

Code	Name
D8	Date Expressed in Format CCYYMMDD

Ref	ID	Element Name	Req	Type	Min/Max	Usage
DTP03	1251	**Date Time Period**	M	AN	1/35	Required

Description: Expression of a date, a time, or range of dates, times or dates and times

Industry: *Coverage Period*

AMT   Health Coverage Policy

Loop: 2300

Elements: 2

User Option (Usage): Situational

To indicate the total monetary amount

Nebraska Medicaid Directive:
Required by NE Medicaid when applicable as specified in the Implementation Guide.

Element Summary:

Ref	ID	Element Name	Req	Type	Min/Max	Usage
AMT01	522	**Amount Qualifier Code**	M	ID	1/3	Required
		Description: Code to qualify amount				
		Nebraska Medicaid Directive: *NE Medicaid will use code "P3".*				

Code	Name
P3	Premium Amount

Ref	ID	Element Name	Req	Type	Min/Max	Usage
AMT02	782	**Monetary Amount**	M	R	1/18	Required
		Description: Monetary amount				
		Industry: *Contract Amount*				
		Nebraska Medicaid Directive: *NE Medicaid will send the "normal" capitation amount in the first occurrence of this loop, even if the amount is $0.00. When an "eligible unborn" capitation amount was paid, that amount will be reported in the second occurrence of this loop.*				

LX   **Provider Information**

Loop: 2310

Elements: 1

User Option (Usage): Situational

To reference a line number in a transaction set

Nebraska Medicaid Directive:
Required by NE Medicaid when applicable as specified in the Implementation Guide.

Element Summary:

Ref	ID	Element Name	Req	Type	Min/Max	Usage
LX01	554	**Assigned Number**	M	N0	1/6	Required
		Description: Number assigned for differentiation within a transaction set				

NM1 Provider Name

Loop: 2310

Elements: 10

User Option (Usage): Required

To supply the full name of an individual or organizational entity

Element Summary:

Ref	ID	Element Name	Req	Type	Min/Max	Usage
NM101	98	**Entity Identifier Code**	M	ID	2/3	Required
		Description: Code identifying an organizational entity, a physical location, property or an individual				
		Nebraska Medicaid Directive: *NE Medicaid will use code "P3".*				

Code   **Name**
P3   Primary Care Provider

Ref	ID	Element Name	Req	Type	Min/Max	Usage
NM102	1065	**Entity Type Qualifier**	M	ID	1/1	Required
		Description: Code qualifying the type of entity				
		Nebraska Medicaid Directive: *NE Medicaid will use code "1".*				

Code   **Name**
1   Person

Ref	ID	Element Name	Req	Type	Min/Max	Usage
NM103	1035	**Name Last or Organization Name**	O	AN	1/35	Situational
		Description: Individual last name or organizational name				
		Industry: *Provider Last or Organization Name*				
		Nebraska Medicaid Directive: *NE Medicaid will send entire provider name in this segment.*				
NM104	1036	**Name First**	O	AN	1/25	Situational
		Description: Individual first name				
		Industry: *Provider First Name*				
NM105	1037	**Name Middle**	O	AN	1/25	Situational
		Description: Individual middle name or initial				
		Industry: *Provider Middle Name*				
NM106	1038	**Name Prefix**	O	AN	1/10	Situational
		Description: Prefix to individual name				
		Industry: *Provider Name Prefix*				
NM107	1039	**Name Suffix**	O	AN	1/10	Situational
		Description: Suffix to individual name				
		Industry: *Provider Name Suffix*				
NM108	66	**Identification Code Qualifier**	C	ID	1/2	Situational
		Description: Code designating the system/method of code structure used for Identification Code (67)				
		Nebraska Medicaid Directive: *NE Medicaid will use code "SV".*				

Code   **Name**
SV   Service Provider Number

Ref	ID	Element Name	Req	Type	Min/Max	Usage
NM109	67	**Identification Code**	C	AN	2/80	Situational
		Description: Code identifying a party or other code				
		Industry: *Provider Identifier*				
		Nebraska Medicaid Directive: *NE Medicaid will send the provider's 11-digit Medicaid Provider Number.*				

ExternalCodeList
Name: 537
Description: Health Care Financing Administration National Provider Identifier

Ref	ID	Element Name	Req	Type	Min/Max	Usage
NM110	706	**Entity Relationship Code**	C	ID	2/2	Required
		Description: Code describing entity relationship				

Code   **Name**
25   Established Patient

26   Not Established Patient
72   Unknown

N4   Provider City, State, ZIP Code

Loop: 2310

Elements: 6

User Option (Usage): Situational

To specify the geographic place of the named party

Nebraska Medicaid Directive:
Required by NE Medicaid when applicable as specified in the Implementation Guide.

Element Summary:

Ref	ID	Element Name	Req	Type	Min/Max	Usage
N401	19	**City Name**	O	AN	2/30	Required
		Description: Free-form text for city name				
		Industry: *Member City Name*				
N402	156	**State or Province Code**	O	ID	2/2	Required
		Description: Code (Standard State/Province) as defined by appropriate government agency				
		Industry: *Member State Code*				
		ExternalCodeList				
		Name: 22				
		Description: States and Outlying Areas of the U.S.				
N403	116	**Postal Code**	O	ID	3/15	Required
		Description: Code defining international postal zone code excluding punctuation and blanks (zip code for United States)				
		Industry: *Member Postal Zone or Zip Code*				
		ExternalCodeList				
		Name: 51				
		Description: ZIP Code				
N404	26	**Country Code**	O	ID	2/3	Not used
		Description: Code identifying the country				
N405	309	**Location Qualifier**	C	ID	1/2	Situational
		Description: Code identifying type of location				
		Nebraska Medicaid Directive: *NE Medicaid will use code "CY".*				

Code	Name
CY	County/Parish

Ref	ID	Element Name	Req	Type	Min/Max	Usage
N406	310	**Location Identifier**	O	AN	1/30	Situational
		Description: Code which identifies a specific location				
		Industry: *Location Identification Code*				

PER Provider Communications Numbers

Loop: 2310

Elements: 7

User Option (Usage): Situational

To identify a person or office to whom administrative communications should be directed

Nebraska Medicaid Directive:
Required by NE Medicaid when applicable as specified in the Implementation Guide.

Element Summary:

Ref	ID	Element Name	Req	Type	Min/Max	Usage
PER01	366	**Contact Function Code**	M	ID	2/2	Required
		Description: Code identifying the major duty or responsibility of the person or group named				

Code   **Name**
IC   Information Contact

Ref	ID	Element Name	Req	Type	Min/Max	Usage
PER03	365	**Communication Number Qualifier**	C	ID	2/2	Required
		Description: Code identifying the type of communication number				

Nebraska Medicaid Directive: *NE Medicaid will use code "WP" and "FX".*

Code   **Name**
FX   Facsimile
WP   Work Phone Number

Ref	ID	Element Name	Req	Type	Min/Max	Usage
PER04	364	**Communication Number**	C	AN	1/80	Required
		Description: Complete communications number including country or area code when applicable				
PER05	365	**Communication Number Qualifier**	C	ID	2/2	Situational
		Description: Code identifying the type of communication number				

Nebraska Medicaid Directive: *NE Medicaid will use code "WP" and "FX".*

Code   **Name**
FX   Facsimile
WP   Work Phone Number

Ref	ID	Element Name	Req	Type	Min/Max	Usage
PER06	364	**Communication Number**	C	AN	1/80	Situational
		Description: Complete communications number including country or area code when applicable				
PER07	365	**Communication Number Qualifier**	C	ID	2/2	Not used
		Description: Code identifying the type of communication number				
PER08	364	**Communication Number**	C	AN	1/80	Not used
		Description: Complete communications number including country or area code when applicable				

PLA   PCP Change Reason

Loop: 2310

Elements: 4

User Option (Usage): Situational

To indicate action to be taken for the location specified and to qualify the location specified

Nebraska Medicaid Directive:
Required by NE Medicaid when applicable as specified in the Implementation Guide.

Element Summary:

Ref	ID	Element Name	Req	Type	Min/Max	Usage
PLA01	306	**Action Code**	M	ID	1/2	Required

Description: Code indicating type of action

Code	Name
2	Change (Update)

Ref	ID	Element Name	Req	Type	Min/Max	Usage
PLA02	98	**Entity Identifier Code**	M	ID	2/3	Required

Description: Code identifying an organizational entity, a physical location, property or an individual

Code	Name
1P	Provider

Ref	ID	Element Name	Req	Type	Min/Max	Usage
PLA03	373	**Date**	M	DT	8/8	Required

Description: Date expressed as CCYYMMDD
Industry: *Provider Effective Date*

Ref	ID	Element Name	Req	Type	Min/Max	Usage
PLA05	1203	**Maintenance Reason Code**	O	ID	2/3	Required

Description: Code identifying the reason for the maintenance change

Code	Name
14	Voluntary Withdrawal
22	Plan Change
46	Current Customer Information File in Error
AA	Dissatisfaction with Office Staff
AB	Dissatisfaction with Medical Care/Services Rendered
AC	Inconvenient Office Location
AD	Dissatisfaction with Office Hours
AE	Unable to Schedule Appointments in a Timely Manner
AF	Dissatisfaction with Physician's Referral Policy
AG	Less Respect and Attention Time Given than to Other Patients
AH	Patient Moved to a New Location
AI	No Reason Given
AJ	Appointment Times not Met in a Timely Manner

COB   Coordination of Benefits

Loop: 2320

Elements: 3

User Option (Usage): Situational

To supply information on coordination of benefits

Nebraska Medicaid Directive:
Required by NE Medicaid when applicable as specified in the Implementation Guide.

Element Summary:

Ref	ID	Element Name	Req	Type	Min/Max	Usage
COB01	1138	**Payer Responsibility Sequence Number Code** **Description:** Code identifying the insurance carrier's level of responsibility for a payment of a claim	O	ID	1/1	Required

Nebraska Medicaid Directive: *NE Medicaid will use code "P".*

Code	Name
P	Primary

Ref	ID	Element Name	Req	Type	Min/Max	Usage
COB02	127	**Reference Identification** **Description:** Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	O	AN	1/30	Situational

Industry: *Insured Group or Policy Number*

Ref	ID	Element Name	Req	Type	Min/Max	Usage
COB03	1143	**Coordination of Benefits Code** **Description:** Code identifying whether there is a coordination of benefits	O	ID	1/1	Required

Nebraska Medicaid Directive: *NE Medicaid will use code "1".*

Code	Name
1	Coordination of Benefits

REF   Additional Coordination of Benefits Identifiers

Loop: 2320

Elements: 2

User Option (Usage): Situational

To specify identifying information

Nebraska Medicaid Directive:
Required by NE Medicaid when applicable as specified in the Implementation Guide.

Element Summary:

Ref	ID	Element Name	Req	Type	Min/Max	Usage
REF01	128	**Reference Identification Qualifier**	M	ID	2/3	Required

Description: Code qualifying the Reference Identification

Nebraska Medicaid Directive: *NE Medicaid will use code "6P".*

Code	Name
6P	Group Number

Ref	ID	Element Name	Req	Type	Min/Max	Usage
REF02	127	**Reference Identification**	C	AN	1/30	Required

Description: Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier

Industry: *Insured Group or Policy Number*

N1   Other Insurance Company Name

Loop: 2320

Elements: 4

User Option (Usage): Situational

To identify a party by type of organization, name, and code

Nebraska Medicaid Directive:
Required by NE Medicaid when applicable as specified in the Implementation Guide.

Element Summary:

Ref	ID	Element Name	Req	Type	Min/Max	Usage
N101	98	**Entity Identifier Code**	M	ID	2/3	Required
		Description: Code identifying an organizational entity, a physical location, property or an individual				
		Code **Name**				
		IN Insurer				
N102	93	**Name**	C	AN	1/60	Situational
		Description: Free-form name				
		Industry: *Insurer Name*				
N103	66	**Identification Code Qualifier**	C	ID	1/2	Not used
		Description: Code designating the system/method of code structure used for Identification Code (67)				
N104	67	**Identification Code**	C	AN	2/80	Not used
		Description: Code identifying a party or other code				
		Industry: *Insured Group or Policy Number*				

DTP Coordination of Benefits Eligibility Dates

Loop: 2320

Elements: 3

User Option (Usage): Situational

To specify any or all of a date, a time, or a time period

Nebraska Medicaid Directive:
Required by NE Medicaid when applicable as specified in the Implementation Guide.

Element Summary:

Ref	ID	Element Name	Req	Type	Min/Max	Usage
DTP01	374	**Date/Time Qualifier**	M	ID	3/3	Required

Description: Code specifying type of date or time, or both date and time
Industry: *Date Time Qualifier*

Code	Name
344	Coordination of Benefits Begin
345	Coordination of Benefits End

Ref	ID	Element Name	Req	Type	Min/Max	Usage
DTP02	1250	**Date Time Period Format Qualifier**	M	ID	2/3	Required

Description: Code indicating the date format, time format, or date and time format

Code	Name
D8	Date Expressed in Format CCYYMMDD

Ref	ID	Element Name	Req	Type	Min/Max	Usage
DTP03	1251	**Date Time Period**	M	AN	1/35	Required

Description: Expression of a date, a time, or range of dates, times or dates and times
Industry: *Coordination of Benefits Date*

SE   Transaction Set Trailer

Loop: N/A

Elements: 2

User Option (Usage): Required

To indicate the end of the transaction set and provide the count of the transmitted segments (including the beginning (ST) and ending (SE) segments)

Element Summary:

Ref	ID	Element Name	Req	Type	Min/Max	Usage
SE01	96	**Number of Included Segments**	M	N0	1/10	Required
		Description: Total number of segments included in a transaction set including ST and SE segments				
		Industry: *Transaction Segment Count*				
SE02	329	**Transaction Set Control Number**	M	AN	4/9	Required
		Description: Identifying control number that must be unique within the transaction set functional group assigned by the originator for a transaction set				

GE   Functional Group Trailer

Loop: N/A

Elements: 2

User Option (Usage): Required

To indicate the end of a functional group and to provide control information

Element Summary:

Ref	ID	Element Name	Req	Type	Min/Max	Usage
GE01	97	**Number of Transaction Sets Included** **Description:** Total number of transaction sets included in the functional group or interchange (transmission) group terminated by the trailer containing this data element	M	N0	1/6	Required
GE02	28	**Group Control Number** **Description:** Assigned number originated and maintained by the sender	M	N0	1/9	Required

IEA   Interchange Control Trailer

Loop: N/A

Elements: 2

User Option (Usage): Required

To define the end of an interchange of zero or more functional groups and interchange-related control segments

Element Summary:

Ref	ID	Element Name	Req	Type	Min/Max	Usage
IEA01	I16	**Number of Included Functional Groups** **Description:** A count of the number of functional groups included in an interchange	M	N0	1/5	Required
IEA02	I12	**Interchange Control Number** **Description:** A control number assigned by the interchange sender	M	N0	9/9	Required